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Preparation Equipment, April 1965;

(8) Standard No. 12, Automatic Ice-Making Equipment, June 1964;

(9) Standard No. 25, Vending Machines for Food & Beverages, August 1968;

(10) Standard No. 26, Pot, Pan, and Utensil Washers, July 1970;

(11) Standard No. 29, Detergent & Chemical Feeders for Commercial Spray-Type Dishwashing Machines, September 1969;

D. Vending Machines, State Health Department Regulation No. 10950, November, 1966.

E. "Illuminating Engineering Society, Lighting Handbook, 1966."

F. Nonflammable Medical Gas Systems, National Fire Protection Association, NFPA No. 56F, 1970 edition.

G. State of Minnesota rules of the Department of Labor and Industry, Occupational Safety and Health Rules, January 1971. Available from the State Register and Public Documents Division, 117 University Avenue, Saint Paul, Minnesota 55155.

H. Air Pollution Control Rules, Regulations, and Air Quality Standards, 1969 edition. Available from the State Register and Public Documents Division, 117 University Avenue, Saint Paul, Minnesota 55155.

MS s 144A.02 to 144A.08

4660.8700 DEFINITION OF INTERMEDIATE CARE FACILITY.

For the purposes of Laws of Minnesota 1969, chapter 387, there are hereby established two classifications of intermediate care facilities, Class I and Class II.

A Class I facility is a nursing home, as licensed by the State Board of Health, which meets the requirements set forth in the Federal Register, volume 34, page 9782, June 24, 1969, to be codified as Code of Federal Regulations, title 45, section 234.130.

A Class II facility is a boarding care home, as licensed by the State Board of Health, which meets the requirements set forth in the Federal Register, volume 34, page 9782, June 24, 1969, to be codified as Code of Federal Regulations, title 45, section 234.130.

MS s 144A.02 to 144A.08

4660.9900 MINIMUM ILLUMINATION LEVELS.

Area	General Illumination	Special Illumination
Exit stairways, central storage, mechanical equipment room	5	
Bedrooms	10	30 (reading)
Corridors, stairways, janitor's closet dietary storage,	10	

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clean linen closet

Dayroom, dining room	20	30 (reading)
Activity area	30	100 (work tables)
Toilet, bathing, dietary area, laundry processing room, soiled linen collection room, clean linen storage room	30	
Barber and beauty room MS s 144A.02 to 144A.08	50	

4660.9910 MINIMUM ILLUMINATION LEVELS.

Area	General Illumination	Special Illumination
Nurse Station	20 (night) 50 (day)	70 (desk)
Medication area, clean utility room, sterilizer room	30	100 (cabinet) 100 (counter)
Soiled utility room	20	
Physical therapy area	20	30 (treatment area)
Examination and treatment room MS s 144A.02 to 144A.08	50	100 (examination table)

4660.9920 NURSE CALL SYSTEM.

Type of Signal	Room or Area
Nurse call	Patient rooms
Emergency call	Patients' toilets, patients' bathing and training toilet room
Duty signal	Medication room, nourishment area, clean utility room, soiled utility room, sterilizing room

An emergency call is recommended for the following areas:
dayrooms without visual control from nurses' station, physical
therapy and activity areas.

MS s 144A.02 to 144A.08

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4660.9930 VENTILATION PRESSURE RELATIONSHIPS AND VENTILATION F
CERTAIN AREAS.

Subpart 1. Applicability. Subpart 2 applies to nursing
homes only.

Subp. 2. Table.

Area Designation	Pressure ¹ Relationship to Adjacent Areas	All Supply Air From Outdoors	Air Changes of Outdoor Air per Hour	Minimum Total Air Changes per Hour	All Exhaust Directly to Outdoors	Recirculated Within Room
Patient Bedroom	0	—	2	2	—	—
Dayroom, Activity Area	0	—	2	2	—	—
Patient Corridor	0	—	2	4	—	—
Exam. and Treatment Room	0	—	2	6	Yes	No
Dining Room, Phys. Therapy	0	—	2	6	—	—
Medication Room	+	—	2	4	—	—
Clean Utility Room	+	—	2	4	—	—
Soiled Utility Room	—	—	—	10	Yes	No
Toilet Room	—	—	—	10	Yes	No
Bathing Area	—	—	—	10	Yes	No
Barber and Beauty Room	—	—	—	10	Yes	No
Janitor's Closet	—	—	—	10	Yes	No
Sterilizer Equip. Room	—	—	—	10	Yes	No
Garbage Room, Can Washing	—	—	—	10	Yes	No
Trash Collection Room	—	—	—	10	Yes	No
Food Preparation, Nourishment	—	—	—	10	Yes	No
Dishwashing, Food Cart Cleaning	0	—	2	10	Yes	No
Area	—	—	—	10	Yes	No
Dietary Storage	0	—	—	2	—	No
Laundry Processing Room	0	—	2	10	—	No
Soiled Linen Collection Room	0	—	2	10	Yes	No
Clean Linen Storage Room	+	—	2	2	Yes	No

Symbols:

Air Pressure Relationships: + = Positive — = Negative
Air Changes, Supply, Exhaust: — = Optional

¹ Areas with equal or positive pressure relationships to adjacent areas shall be provided with tempered make-up air.

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4660.9940 VENTILATION PRESSURE RELATIONSHIPS AND VENTILATION FOR CERTAIN AREAS.

Subpart 1. Applicability. Subpart 2 applies to boarding care homes only.

Subp. 2. Table.

Area Designation	Pressure ¹ Relationship to Adjacent Areas	All Supply Air From Outdoors	Air Changes of Outdoor Air per Hour	Minimum Total Air Changes per Hour	All Exhaust Directly to Outdoors	Recirculated Within Room
Resident Bedroom ²	0	—	2	2	—	—
Dayroom, Activity Area	0	—	2	2	—	—
Resident Corridor	0	—	2	4	—	—
Dining Room	—	—	2	6	—	No
Toilet Room	—	—	—	10	Yes	No
Bathing Area	—	—	—	10	Yes	No
Barber and Beauty Room	—	—	—	10	Yes	No
Janitor's Closet	—	—	—	10	Yes	No
Trash Collection, Garbage Can Washing	—	—	—	10	—	No
Food Preparation, Nourishment	0	—	2	10	Yes	No
Dishwashing, Food Cart	—	—	—	10	Yes	No
Cleaning Area	—	—	—	10	—	No
Dietary Storage	0	—	—	2	—	No
Laundry Processing Room	0	—	2	10	—	No
Soiled Linen Collection Room	—	—	—	10	Yes	No
Clean Linen Storage	+	—	2	2	—	—

Symbols:

Air Pressure Relationships: + = Positive — = Negative

Air Changes, Supply, Exhaust: — = Optional

¹ Areas with equal or positive pressure relationships to adjacent areas shall be provided with tempered make-up air.

² For residents' bedrooms, operable windows may provide adequate ventilation.

HEALTH DEPARTMENT

7 MCAR 1.059 A.,B.	4655.9320
7 MCAR 1.059 B.1.	4655.9321
7 MCAR 1.059 B.2.	4655.9322
7 MCAR 1.059 B.3.	4655.9323
7 MCAR 1.059 B.4.	4655.9324
7 MCAR 1.059 B.5.	4655.9325
7 MCAR 1.059 B.6.	4655.9326
7 MCAR 1.059 B.7.	4655.9327
7 MCAR 1.059 B.8.	4655.9328
7 MCAR 1.059 B.9.	4655.9329
7 MCAR 1.059 B.10.	4655.9330
7 MCAR 1.059 B.11.	4655.9331
7 MCAR 1.059 B.12.	4655.9332
7 MCAR 1.059 B.13.	4655.9333
7 MCAR 1.059 B.14.	4655.9334
7 MCAR 1.059 B.15.	4655.9335
7 MCAR 1.059 B.16.	4655.9336
7 MCAR 1.059 B.17.	4655.9337
7 MCAR 1.059 B.18.	4655.9338
7 MCAR 1.059 B.19.	4655.9339
7 MCAR 1.059 B.20.	4655.9341
7 MCAR 1.059 B.21.,B.22.	4655.9340
7 MCAR 1.059 B.23.	4655.9342
7 MCAR 1.210 A.-C.	4725.0100
7 MCAR 1.212	4725.1890
7 MCAR 1.216	4725.1860
7 MCAR 1.217 C.	4725.2000
7 MCAR 1.218	4725.3000 *
7 MCAR 1.2395 C.	4670.1320
7 MCAR 1.314 first paragraph	4670.4200
7 MCAR 1.314 A.	4670.4210
7 MCAR 1.314 B.	4670.4220
7 MCAR 1.314 C.	4670.4230
7 MCAR 1.314 D.	4670.4240

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4655.3600

The first sentence should read: "Space shall be provided for the safe storage of patients' or residents' records at the nurses' or attendants' station, a central control point for the storage of records and medications, and in general storage."

4655.3400 Subp. 2.

In the detail of record contents the comma between "moods" and "date" should be a semi-colon. As corrected that portion reads: "significant observations on, for example, behavior, orientation, judgment, moods; date, time, quantity of dosage, and method of administration of all medications, and the signature of the nurse or authorized persons who administered same;"

4655.4400 Item C.

Should read: "C. dates and results of any pre-employment physical examination and of any subsequent physical examination, annual physical examination are recommended;"

4660.0800

The first sentence should read: "Final mechanical and electrical plans and specifications shall cover the complete layout and type of all installations, systems and equipment to be provided in accordance with the requirements of these rules."

4660.2300

Should have a third sentence which reads: "Ice storage or an ice maker-dispenser, if provided in the patient areas, shall be located here."

4660.5030

The second sentence should read: "The washer installation shall be capable of meeting the operating requirements in parts 4655.8000, subpart 6, and 4655.8030 subpart 4."

